to diaphoresis, that it was of little moment what was given, providing urgent symptoms and uneasy sensatinns were alleviated. Thus pure water or toast-water appeared as efficacious in promoting diaphoresis and procuring sleep as any other means. The patients, however, often spontaneously requested cream of tartar water; and this, with a small proportion of carbonate of soda, to facilitate the solution of the bitartrate, they got. In a very few cases was it requisite to apply leeches to the temples on account of the intensity nf the headache. In general, when the hair was removed and cold applied, the pain rapidly subsided. When, after this, it did not, an active dose of cathartic medicine was administered.

"At the crisis of the disease, when the sweatings were considerable, the weakness great, and rheumatic pains were excruciating, the best remedy I found to be the sulphate of quinine in two grain pills administered three, four, or five times daily. In some cases the debility was so cnnsiderable that it was necessary to order small quantities of wine for a day or two, till the appearances of returning strength were manifest.

"For the cases in which yellowness took place, it was difficult to say what treatment was best adapted. Those in whom it occurred were persons of deranged health, in general aged, always debilitated. In the most marked and severe case which recovered, that of Ann Campbell, the treatment consisted in the repeated administration of turpentine enemata, calomel and rhubarb by the stomach, the application of one large blister on the coronal and vertical region, and then of another on the occipito-cervical, and afterwards of castor-oil when the power of deglutition was restored. Wine was also allowed this patient at the rate of four ounces daily. Under this method of management the yellowness slowly and gradually but completely disappeared, sensibility and consciousness returned, and convalescence was eventually established.

"In other cases, in which the yellowness, though general, was less deep in shade, and the nervous system was less strongly poisoned, calomel in doses of six grains, with one grain of aloes, once or twice daily, followed next morning by a dose of castor oil, was found sufficient to remove the symptoms.

"Another remedy was tried by my assistant, Dr. Wood. This was the chloride of soda, in doses of twenty drops of the solution every second or third hour. Under its use the patients appeared to get rid of their symptoms in the course of two or three days, very much as by other means."

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

30. *Trousseau on the Prognosis of Tracheotomy in Croup.* 1st. If the commencement of the disease dates several days back, if, consequently, the croup has advanced slowly, whatever may be the extent nf the false membranes in the trachea and in the bronchi, the children either recover, or live at least several days.

2d. But if the disease has been very rapid, even although, at the time of the operation, we ascertain that the false membranes do not extend beyond the larynx, the children die very quickly.

3d. If, before the operation, the false membranes have been extended to the nose, if they cover the blistered surfaces; if the child is pale, somewhat bloated without having taken mercury or been bled, or if he has lost much blood, the operation has little chance of success.

4th. If, before the operation, the pulse is moderately frequent, and if, after it, the pulse remains calm, hopes may be entertained.

5th. If, immediately after the operation, the respiration becomes very frequent, the child either not coughing at all, or but very little, it is a bad sign.

6th. More boys than girls are cured.

7th. Children under two and over six years of age rarely recover.

8th. *Cæteris paribus*, the danger is the greater, the more deeply the false membranes have extended.

9th. If the child is subject to chronic catarrhs, and if he had been suffering from a cold for some time when he was attacked with croup, tracheotomy succeeds better.

10th. Even when all is going on favourably, great frequency of the respiration is a bad sign.

11th. The more rapid and energetic the inflammation is, which attacks the wounds, the better are the chances of cure: the sudden sinking of the wound is a mortal sign.

12th. There is never any thing to fear, as long as the respiration is silent or the noise is only occasioned by the displacement of mucosity; but if the respiration becomes *saw-like* (*serratique*), that is to say, is attended with a sound resembling that of a saw cutting stone, death is certain.

13th. If a pneumonic or pleuritic attack supervenes, it is no reason to despair of the patient.

14th. Agitation and sleeplessness are bad signs

15th. If the wound becomes covered with false membranes, if, after withdrawing the canula, it remains gaping for a long time; if, after having entirely cicatrized, it reopens largely, the child is in danger.

16th. The sooner the larynx is disembarrassed after the operation, the sooner may we remove the canula, the more certain and rapid is the cure.

17th. If the croup supervened upon rubeola, scarlatina, variola or pertussis, although there is not ordinarily any connection between the malignant angina (?) and these different pyrexias, tracheotomy does not succeed.

18th. If, the third day after the tracheotomy, the expectoration becomes mucous and catarrhal, the children recover. If there is none, or it is serous, or like little half-dried pieces of gum-arabic, they die.

19th. If the patients react vigorously against the injections of water or of the nitrate of silver, and against the spongings-out, we should not despair, however fatal the other signs may be.

20th. Children attacked with convulsions die, and the convulsions supervene oftener as the patients are younger, and as they have lost more blood before or during the operation.

21st. When, after the tenth day, the drinks pass almost entirely from the pharynx into the larynx and trachea, even if they are easily rejected, the children most generally die.

22d. The increase of the fever after the fourth day, agitation, sinking of the wound, and dryness of the trachea, frequency of the respiratory movements and attempts to cough, announce the invasion of pneumonia, which, at first lobular, becomes sometimes pseudo-lobar, and should be treated by the same means usually employed against the pneumonia of children: we should exclude, however, blisters from the treatment, because they too often become covered with false membranes.—*Mém. Sur. la Tracheotomie, vide Rilliet and Barthez, Traité des Mal. des Enfans, t. i* .365–7.

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31. *Tenotomy—its abuse, and the results.* M. Malgaigne addressed to the French Academy of Sciences, Feb. 19, last, the following communication on the abuse and danger of tenotomy in certain deformities. It presents a picture of what has been boastingly called the operative surgery of the day, little creditable, we will not say to surgical science, but to the operators of the present day, and which, if we may judge from what has been enacted in this country, in no respect exaggerated.

"The Royal Academy of Sciences was informed some years since of the alleged primary results of certain operations, marvellous in their nature, their innocence, and in the ultimate consequences which there was reason to hope they would lead to, or which it was said they had in some cases actually